



Updates from the Field BEST PRACTICES

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PROMOTING NO-SCALPEL VASECTOMY: THE BAGO CITY EXPERIENCE

Background

Bago City, in the Province of Negros Occidental in the Western Visayas Region of the Philippines, is one of the first enrollees in the Department of Health's Matching Grant Program (MGP). As an MGP site, Bago City maintains a Community-Based Monitoring and Information System (CBMIS), which keeps track of clients who have unmet needs for family planning and maternal and child health interventions.

Bago City's CBMIS has shown that many couples in Bago City who do not want any more children are either not practicing family planning or are using temporary family planning methods. One option for long-term family planning, female sterilization, is not available in Bago City; however, clients can be referred to a neighboring district hospital. Another option, vasectomy, is not available anywhere within the province.

To explore options for making vasectomy services more accessible, the City Health Officer solicited the assistance of the Provincial Health Office, Management Sciences for Health, and EngenderHealth. After discussing different vasectomy methods, the team decided to offer no-scalpel vasectomy (NSV), for a number of reasons. First, the training requirements for NSV, unlike female sterilization are simple: the clinician must practice the procedure on an average of 10 clients, using surgical supplies such as local anesthetics, surgical gloves, needles and sutures. Second, the procedure can easily be performed in a health center. Finally, there is reduced chance of complication or infection, which is not true of voluntary female sterilization.

Organizing for No-Scalpel Vasectomy Education and Implementation

Dr. Pilar Mabasa, the City Health Officer and MGP Coordinator, led the Bago City Health Office in organizing the vasectomy training. Dr. Mabasa identified two local physicians to undergo the training based on the training eligibility requirements. Dr. Mabasa also organized a local task force to recruit individuals for the training sessions. The task force, which consisted of the city health family planning coordinator and five city health midwives, identified four strategies to facilitate the recruitment of clients:

- Train the *Barangay*, or village, Health Workers (BHWs) to provide family planning counseling on male sterilization. In addition, develop information, education, and communication (IEC) materials on vasectomy through the city's health education unit.



Training of Barangay Health Workers on Family Planning Counseling

- Inform potential clients about NSV, emphasizing that this procedure requires no skin incision, is less bloody, and has fewer complications than the old procedure.
- Use data from the CBMIS to identify clients who do not want any more children.
- Recruit patients who have received NSV to help inform and educate other couples.

The task force scheduled the training for January 9-11, 2002. In early November, 2001, the task force trained 84 BHWs and enlisted two satisfied users to inform other clients. By the middle of December, 70 clients from 4 of the 10 priority MGP barangays expressed interest in obtaining the procedure.

Two local physicians participated in the three-day training on NSV, which occurred at the Bago City Hospital. MGP funds supported the procedure, and EngenderHealth provided trainers. On the first day of training, 55 clients requested vasectomy services. Barangay officials provided transportation to the clients.

The ages of the vasectomy clients ranged from 25 to 48, with an average age of 37. The majority (70%) of the clients worked in sugar cane plantations in Bago City and had an average of five children.

The trainers and the City Health Officer briefed the clients and their spouses on the procedure before the clients signed consent forms and had the procedure. The family planning nurse also gave post-vasectomy counseling.



MATCHING GRANT PROGRAM
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Clients and their spouses participating in pre-surgery briefing

Factors Contributing to the Success of the Initiative

The vasectomy training was highly successful. The unusually large turnout of clients was attributed to the hard work and creativity of the local health staff. Other factors that contributed to its success include:

- **Training BHWs on family planning counseling.** The BHWs played a critical role in recruiting clients. Before they received training, most of the BHWs had not known enough about the program to respond effectively to questions about family planning methods. The training gave them the confidence to be better family planning advocates and counselors.
- **Identifying clients who had already reached their desired family size.** The data from the CBMIS focused recruitment efforts, helping the BHWs identify a group of clients likely to desire permanent contraceptive methods.
- **Educating couples on social acceptance of NSV.** BHWs informed prospective clients that many men had already expressed interest in the procedure. The group briefing conducted before the vasectomy procedure included spouses to enhance couple communication and understanding.
- **Offering the no-scalpel procedure as a “new” method.** This strategy helped reassure clients who had anxieties about a knife or scalpel being used on a sensitive part of their body. Clients felt more comfortable and confident with the procedure after the trainers and the City Health Officer described the procedure and showed them the NSV instruments during the group briefing.
- **Bringing services closer to the clients.** Offering vasectomy services in Bago City made it easy for clients to take part in the procedure. Clients might have been reluctant to travel to unfamiliar places and deal with unfamiliar health staff. However, because Bago City is a relatively small community, clients know and trust most of the health staff.
- **Recruiting NSV users to inform others.** The two vasectomy clients who became spokesmen for NSV were well-known and respected local figures. This helped bolster the confidence of potential clients.

Next Steps

Currently, the Bago City Health Office is employing midwives and BHWs to conduct follow-up visits with previously identified clients, to encourage them to go back to the hospital for the required vasectomy services. In addition, the BHWs will continue to identify potential clients for NSV. The hospital intends to schedule vasectomy services in the afternoons so that the clients can work in the morning. Also, clients will be given appointments to minimize their waiting time, reducing the opportunity cost of having a vasectomy.

The Matching Grant Program is actively offering vasectomy services in the project sites as an easier, less costly, and safer alternative to female sterilization. The project will prioritize MGP sites in five regions with low contraceptive prevalence rates for modern methods and where the need for more permanent contraceptive methods is likely to be high. These are the Bicol Region, Eastern Visayas Region, Autonomous Region of Muslim Mindanao, Cordillera Administrative Region, and National Capital Region. The National Capital Region has been included to address the contraceptive needs of the urban poor.

Finally, to make NSV more attractive to health providers and to make vasectomy services more sustainable, the MGP is collaborating with the USAID-funded Health Sector Reform Technical Assistance Project for the inclusion of outpatient vasectomy services in the benefit package of the National Health Insurance Program. Four areas have been identified initially for this collaborative effort: Naga City, Negros Oriental, Ormoc City, and North Cotabato.



Dr. Giovanni Alvarado of Bago City performing no-scalpel vasectomy under the supervision of Dr. Francis Floresca of EngenderHealth

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